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FILL OUT ALL BLANKS. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. <u>839</u>	
County <u>Pinal</u>	District _____	ORIGINAL CERTIFICATE OF DEATH	
Town <u>Florence</u>	Or City _____	County Registered No. <u>1639</u>	
No. <u>Pinal Co Hospital</u>		Local Registrar's No. _____	
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>G. P. Brown</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race <u>White</u> Black Chinese Mexican	DATE OF DEATH <u>May 16</u> 19 <u>20</u> (Month) (Day) (Year)	
SINGLE <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> or DIVORCED		I hereby certify, that I attended deceased from <u>May 13</u> 19 <u>20</u> to <u>May 16</u> 19 <u>20</u> ; that I last saw him alive on <u>May 16</u> 19 <u>20</u> , and that death occurred on the date stated above at <u>1 P</u> M. The DISEASE or INJURY causing death was as follows: <u>Botulism</u>	
DATE OF BIRTH <u>July 3</u> 19 <u>20</u> (Month) (Day) (Year)		(Duration) _____ yrs _____ mos _____ days	
AGE <u>27</u> yrs <u>10</u> mos <u>13</u> days If less than 1 day _____ hrs, or _____ min.		Was disease contracted in Arizona? <u>yes</u>	
OCCUPATION (a) Trade, profession or particular kind of work <u>Contractor</u> (b) General nature of industry, business, or establishment in which employed or (employer) _____		If not, where? _____	
BIRTHPLACE (State or country) <u>Miss</u>		CONTRIBUTORY (Duration) _____ yrs _____ mos _____ days	
PARENTS	NAME OF FATHER <u>un known</u>	(Signed) <u>W. G. Randall</u>	
	BIRTHPLACE OF FATHER (State or country) <u>Canada</u>	<u>May 18</u> 19 <u>20</u> (Address) _____	
	MAIDEN NAME OF MOTHER <u>un known</u>	*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	BIRTHPLACE OF MOTHER (State or country) <u>un known</u>	LENGTH OF RESIDENCE _____	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		At place of death _____ yrs _____ mos _____ ds. In Arizona _____ yrs _____ mos _____ ds.	
(Informant) <u>J. J. Bleck</u>		Former or Usual Residence _____	
(Address) <u>Florence</u>		Filed <u>May 18</u> 19 <u>20</u> <u>W. G. Randall</u> Local Registrar	
PLACE OF BURIAL OR REMOVAL <u>Phoenix</u>	DATE OF BURIAL OR REMOVAL <u>Apr 19</u> 19 <u>20</u>	Filed <u>June 8</u> 19 <u>20</u> <u>W. G. Randall</u> County Registrar	
UNDERTAKER <u>W. C. Martin</u>	ADDRESS <u>Florence</u>		